



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) AFD 490										
	In re Application of Harvey A. Schwertner et al											
	Application Number 10/016,826	Filed November 9, 2001										
	For BILIRUBIN TESTS AS RISK PREDICTORS FOR CANCER MORTALITY, RHEUMATOID ARTHRITIS, GILBERT'S SYNDROME AND ALL-CAUSE MORTALITY											
	Group Art Unit 2161	Examiner (not assigned)										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 40%; text-align: right;">\$ <u>110.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ <u>400.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <u>920.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ <u>1,440.00</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ <u>1,960.00</u></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>AF 01-0465</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>28,475</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>May 15, 2002</u> Date </div> <div style="text-align: center;">  Fredric L. Sinder, Reg. No. 28,475 </div> </div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>400.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>920.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1,440.00</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>1,960.00</u>
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p>												

* ☐ Total of _____ forms are submitted.

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